

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 24
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Amadeo		OFFICE USE ONLY
	NICKNAME LAST SUFFIX Ortiz		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1443 W. Elsmere San Antonio, TX 78201		Date Received
			Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Belinda		Receipt # Amount
	NICKNAME LAST SUFFIX Dovalina		Date Processed
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9311 Moonlit Glade Helotes, TX 78023		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 254-3436		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 01/01/2009    06/30/2009		
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Bexar County Sheriff		12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		

**GO TO PAGE 2**

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

**14 C/OH NAME** Ortiz, Amadeo (Mr.)

**15 ACCOUNT #** (Ethics Commission filers)  
00000001

**16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**

**COMMITTEE NAME**

☐ **GENERAL**

**COMMITTEE ADDRESS**

☐ **SPECIFIC**

**COMMITTEE CAMPAIGN TREASURER NAME**

☐ additional pages

**COMMITTEE CAMPAIGN TREASURER ADDRESS**

**17 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 18,395.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 15,393.24

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

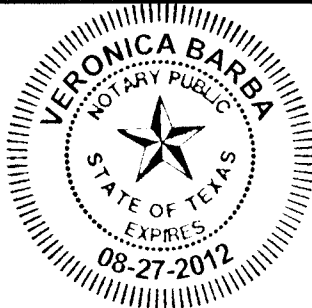
\$ 11,306.31

**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 1,000.00

**18 AFFIDAVIT**



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Amadeo Ortiz*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amadeo Ortiz, this the 15 day of July, 2009, to certify which, witness my hand and seal of office.

*Veronica Barba*  
Signature of officer administering oath

Veronica Barba  
Print name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 1/12 Report: 3/24

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date

04/15/2009

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Acevedo, Joseph (Mr.)

6 Contributor address; City; State; Zip Code  
1901 Buena Vista  
San Antonio, TX 78207

7 Amount of  
contribution (\$)

\$125.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Alvidrez, Mark (Mr.)

Contributor address; City; State; Zip Code  
4700 Capital of Texas Hwy #224  
Austin, TX 78746

Amount of  
contribution (\$)

\$125.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☒ out-of-state PAC (ID# C00157677)  
Aramark Political Action Committee

Contributor address; City; State; Zip Code  
1101 Market Street, 31th Floor  
Philadelphia, PA 19107

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bennett, Ronald (Mr.)

Contributor address; City; State; Zip Code  
23450 Canyon Bridge  
San Antonio, TX 78258

Amount of  
contribution (\$)

\$125.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Bexar County Bail Bond Association

Contributor address; City; State; Zip Code  
4007 South Presa  
San Antonio, TX 78223

Amount of  
contribution (\$)

\$2,000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/12 Report: 4/24	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/28/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brunner, Daniel (Mr.)  6 Contributor address; City; State; Zip Code 5822 Spring Valley San Antonio, TX 78247	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casillas, Dennis (Mr.)  Contributor address; City; State; Zip Code 8634 Quail Whisper San Antonio, TX 78250	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Casillas, Dennis (Mr.)  Contributor address; City; State; Zip Code 8634 Quail Whisper San Antonio, TX 78250	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cevallos, Ruben (Mr.)  Contributor address; City; State; Zip Code 2367 Estate Gate San Antonio, TX 78260	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cisneros, Robert (Mr.)  Contributor address; City; State; Zip Code 424 Paradise Point Boerne, TX 78006	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/12 Report: 5/24	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/27/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dovalina, Roger  6 Contributor address; City; State; Zip Code 9311 Moonlit Glade Helotes, TX 78023	7 Amount of contribution (\$)  \$125.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fernandez, Raul (Mr.)  Contributor address; City; State; Zip Code P O Box 83083 San Antonio, TX 78283	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gabehart, Daniel (Mr.)  Contributor address; City; State; Zip Code 306 Bloomfield Drive San Antonio, TX 78228-2907	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gholson, William (Mr.)  Contributor address; City; State; Zip Code 8181 Tezel Road San Antonio, TX 78250	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbs, Ted (Mr.)  Contributor address; City; State; Zip Code 25003 Lost Arrow San Antonio, TX 78258	Amount of contribution (\$)  \$55.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/12 Report: 6/24	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/28/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gibbs, Ted (Mr.)  6 Contributor address; City; State; Zip Code 25003 Lost Arrow San Antonio, TX 78258	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerra, Lily (Ms.)  Contributor address; City; State; Zip Code 5107 Queen Bless Ct San Antonio, TX 78228-2025	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Guerra, Lily (Ms.)  Contributor address; City; State; Zip Code 5107 Queen Bless Ct San Antonio, TX 78228-2025	Amount of contribution (\$)  \$705.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hammock, Kyle (Mr.)  Contributor address; City; State; Zip Code 9023 Eagle Bend Helotes, TX 78023	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Holmes, Priest (Mr.)  Contributor address; City; State; Zip Code 5804 Babcock Road #100 San Antonio, TX 78240	Amount of contribution (\$)  \$200.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/12 Report: 7/24

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date

05/28/2009

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Hominick, Jerry (Mr.)

6 Contributor address; City; State; Zip Code  
19455 Nottingham Lane  
Helotes, TX 78023

7 Amount of  
contribution (\$)

\$200.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Janssen, Joel (Mr.)

Contributor address; City; State; Zip Code  
5139 Stormy Skies  
San Antonio, TX 78247

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Jones, Don (Mr.)

Contributor address; City; State; Zip Code  
25665 Boerne Stage Road  
San Antonio, TX 78255-9535

Amount of  
contribution (\$)

\$125.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Jordan, Debra (Mrs.)

Contributor address; City; State; Zip Code  
171 Red Oak Court  
Seguin, TX 78155

Amount of  
contribution (\$)

\$125.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Jordan, Debra (Mrs.)

Contributor address; City; State; Zip Code  
171 Red Oak Court  
Seguin, TX 78155

Amount of  
contribution (\$)

\$125.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/12 Report: 8/24

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
000000014 Date  
  
05/28/20095 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Jordan, Debra (Mrs.)6 Contributor address; City; State; Zip Code  
171 Red Oak Court  
Seguin, TX 781557 Amount of  
contribution (\$) \$50.008 In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Laudadio, Tim (Mr.)

04/15/2009

Contributor address; City; State; Zip Code  
7 Royal Cove  
San Antonio, TX 78248Amount of  
contribution (\$) \$375.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Longoria, Manuel (Mr.)

05/27/2009

Contributor address; City; State; Zip Code  
31035 Retama Ridge  
Bulverde, TX 78163Amount of  
contribution (\$) \$125.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Longoria, Manuel (Mr.)

05/28/2009

Contributor address; City; State; Zip Code  
31035 Retama Ridge  
Bulverde, TX 78163Amount of  
contribution (\$) \$200.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Lorenz, Dianna (Ms.)

05/28/2009

Contributor address; City; State; Zip Code  
318 Stimmel Street  
San Antonio, TX 78227Amount of  
contribution (\$) \$245.00In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)



The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/12 Report: 9/24	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  04/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lott, Robert (Mr.)  6 Contributor address; City; State; Zip Code 5045 Ayrshire Drive San Antonio, TX 78217	7 Amount of contribution (\$)  \$250.00	8 In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lott, Robert (Mr.)  Contributor address; City; State; Zip Code 5045 Ayrshire Drive San Antonio, TX 78217	Amount of contribution (\$)  \$60.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Medley, Christopher (Mr.)  Contributor address; City; State; Zip Code 2418 Thrasher Oak San Antonio, TX 78258	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meshew, Jeanet (Ms.)  Contributor address; City; State; Zip Code 314 Golden Bear Drive Cibolo, TX 78108-4328	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Minarich, Madonna (Mrs.)  Contributor address; City; State; Zip Code 12123 Orchid Blossom Drive San Antonio, TX 78247	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)    (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/12 Report: 10/24	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  04/15/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mochel, William (Mr.)  6 Contributor address; City; State; Zip Code 3300 Nacogdoches R. Ste 100 San Antonio, TX 78217	7 Amount of contribution (\$)  \$125.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Monsalvo, Rudolph (Mr.)  Contributor address; City; State; Zip Code 134 Park Hill Drive San Antonio, TX 78212-2573	Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Montalvo, David (Mr.)  Contributor address; City; State; Zip Code 387 Meredith Apt No. 2 San Antonio, TX 78228	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  01/03/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ortiz, Epigmenia (Ms.)  Contributor address; City; State; Zip Code 802 King Avenue San Antonio, TX 78211	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  04/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Otero, R  Contributor address; City; State; Zip Code 3218 Thousand Oaks Drive San Antonio, TX 78247	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 9/12 Report: 11/24

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date

05/28/2009

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Paniagua, Robert (Mr.)

6 Contributor address; City; State; Zip Code  
1182 Buckhorn Trail  
Pipe Creek, TX 78063

7 Amount of  
contribution (\$)

\$125.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

04/15/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Robison, Kevin (Mr.)

Contributor address; City; State; Zip Code  
15306 Elm Park Street  
San Antonio, TX 78247

Amount of  
contribution (\$)

\$250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rodriguez, Manuel (Mr.)

Contributor address; City; State; Zip Code  
2515 W. Commerce  
San Antonio, TX 78207

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rodriguez, Simon (Mr.)

Contributor address; City; State; Zip Code  
5003 Peebles  
Houston, TX 77084

Amount of  
contribution (\$)

\$275.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

05/28/2009

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rodriguez, Simon (Mr.)

Contributor address; City; State; Zip Code  
5003 Peebles  
Houston, TX 77084

Amount of  
contribution (\$)

\$125.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 10/12 Report: 12/24

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date 05/28/2009 5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Salinas, David (Mr.)

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

05/28/2009

6 Contributor address; City; State; Zip Code  
15302 Judson Road  
Apt 1328  
San Antonio, TX 78247

\$125.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 05/28/2009 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Salinas, David (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

05/28/2009

Contributor address; City; State; Zip Code  
15302 Judson Road  
Apt 1328  
San Antonio, TX 78247

\$80.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 05/28/2009 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Simpson, J (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

05/28/2009

Contributor address; City; State; Zip Code  
18854 Calle Sierra  
San Antonio, TX 78258

\$375.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 04/15/2009 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Skillman, Patrick (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

04/15/2009

Contributor address; City; State; Zip Code  
8026 Devonshire  
Spring Branch, TX 78070

\$125.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 05/27/2009 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Tafolla, Rolando (Mr.)

Amount of contribution (\$) In-kind contribution description (if applicable)

05/27/2009

Contributor address; City; State; Zip Code  
4226 Haven View  
San Antonio, TX 78228

\$125.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/12 Report: 13/24	
2 FILER NAME Ortiz, Amadeo (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/28/2009	5 Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID# C00382150) The GEO Group, Inc Political Action Committee  6 Contributor address; City; State; Zip Code One Park Place, Suite 700 621 Northwest 53th Street Boca Raton, FL 33487	7 Amount of contribution (\$)  \$2,000.00	8 In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  05/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tomlin, W  Contributor address; City; State; Zip Code P O Box 291023 San Antonio, TX 78229-1623	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/27/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ublacker, Robert (Mr.)  Contributor address; City; State; Zip Code 9235 Lisa Enrico Helotes, TX 78023	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Wells, Richard (Mr.)  Contributor address; City; State; Zip Code 9515 FM 1863 San Antonio, TX 78266	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  05/28/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) White, Ted (Mr.)  Contributor address; City; State; Zip Code 15244 Antler Creek Drive San Antonio, TX 78248	Amount of contribution (\$)  \$125.00	In-kind contribution description (if applicable)   (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 12/12 Report: 14/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

05/28/2009

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Workman, Felicia (Ms.)**6** Contributor address; City; State; Zip Code  
2955 County Road #126  
Floresville, TX 78114**7** Amount of  
contribution (\$)

\$125.00

**8** In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 1/9 Report: 15/24

**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  01/01/2009	<b>5</b> Payee name A T & T  <b>6</b> Payee address; City; State; Zip Code P O Box 5001 Carol Stream, IL 60197-5001	<b>7</b> Amount (\$)  \$107.53
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<b>8</b> Purpose of payment (See instructions regarding type of information required.) Telephone & Internet Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  01/14/2009	Payee name A T & T  Payee address; City; State; Zip Code P O Box 5001 Carol Stream, IL 60197	Amount (\$)  \$261.01
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Purpose of payment (See instructions regarding type of information required.) Telephone & Internet Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  02/08/2009	Payee name A T & T  Payee address; City; State; Zip Code P O Box 5001 Carol Stream, IL 60197	Amount (\$)  \$93.67
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Purpose of payment (See instructions regarding type of information required.) Telephone & Internet Services  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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Date  01/01/2009	Payee name Absolute Rental  Payee address; City; State; Zip Code 17300 Caribou, #1 San Antonio, TX 78538	Amount (\$)  \$171.38
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Purpose of payment (See instructions regarding type of information required.) Rental of Chairs & Tables - Swearing In Ceremony  (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 2/9 Report: 16/24

**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

02/21/2009

**5** Payee name

Bexar County Democratic Party

**7**

Amount

(\$)

\$150.00

**6** Payee address; City; State; Zip Code3010 North St. Mary's  
San Antonio, TX 78212**8** Purpose of payment (See instructions regarding type of information required.)

Political Contribution

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/21/2009

Payee name

Casa Rio Mexican Foods

Amount

(\$)

\$325.57

Payee address; City; State; Zip Code

430 East Commerce  
San Antonio, TX 78205

Purpose of payment (See instructions regarding type of information required.)

F &amp; B

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

06/16/2009

Payee name

Gary Hobbs, Hobbs Management

Amount

(\$)

\$3,300.00

Payee address; City; State; Zip Code

1360 Main Street  
Eagle Pass, TX 78852

Purpose of payment (See instructions regarding type of information required.)

Performance Contract for Christmas Party on 12/04/09

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/09/2009

Payee name

GoDaddy.Com Domain Housing Services

Amount

(\$)

\$66.56

Payee address; City; State; Zip Code

14455 N. Hayden Road #219  
Scottsdale, AR 85260

Purpose of payment (See instructions regarding type of information required.)

Website Domain Renewal/Expenditure

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/9 Report: 17/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date**5** Payee name

Hispanic American Police Command Officers Association

**7**Amount  
(\$)

01/05/2009

**6** Payee address; City; State; Zip CodeP O Box 831544  
San Antonio, TX 78283

\$20.00

**8** Purpose of payment (See instructions regarding type of information required.)

F &amp; B/4 Tickets Plate Sale

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name

Jim's Cafe

Amount  
(\$)

02/20/2009

Payee address; City; State; Zip Code

351 Hildebrand  
San Antonio, TX 78212

\$31.04

Purpose of payment (See instructions regarding type of information required.)

F &amp; B/Golf Team Meeting

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name

Kingdom Cotton of Texas &amp; Bud's Embroidery Outlet

Amount  
(\$)

03/04/2009

Payee address; City; State; Zip Code

211 Springwood Lane  
San Antonio, TX 78216

\$3,054.53

Purpose of payment (See instructions regarding type of information required.)

T-Shirts for Golf Tournament

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

Date

Payee name

Layman, Jason (Mr.)

Amount  
(\$)

05/13/2009

Payee address; City; State; Zip Code

246 Continental  
San Antonio, TX 78228

\$700.00

Purpose of payment (See instructions regarding type of information required.)

Website &amp; Freelance Graphics/Contract for 1 Year

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/9 Report: 18/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

05/13/2009

**5** Payee name

Luciano Restaurant

**7**Amount  
(\$)

\$552.04

**6** Payee address; City; State; Zip CodeNorth Star Mall  
San Antonio, TX 78216**8** Purpose of payment (See instructions regarding type of information required.)

Volunteer Appreciation Dinner/Golf Tournament

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

01/14/2009

Payee name

Mi Tierra Cafe

Amount  
(\$)

\$43.01

Payee address; City; State; Zip Code

218 Produce Row  
San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)

F &amp; B

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

01/19/2009

Payee name

Norma's Place

Amount  
(\$)

\$24.26

Payee address; City; State; Zip Code

4219 Fredericksburg Road  
San Antonio, TX 78201

Purpose of payment (See instructions regarding type of information required.)

F &amp; B - Meeting for Golf Tournament

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

01/01/2009

Payee name

Northwest Democrats

Amount  
(\$)

\$250.00

Payee address; City; State; Zip Code

P O Box 681911  
San Antonio, TX 78268

Purpose of payment (See instructions regarding type of information required.)

F &amp; B - Donation for Super Bowl Party

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 5/9 Report: 19/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

01/16/2009

**5** Payee name

Observer Newspaper Group

**7**Amount  
(\$)

\$525.00

**6** Payee address; City; State; Zip CodeP O Box 200226  
San Antonio, TX 78220**8** Purpose of payment (See instructions regarding type of information required.)

Newspaper Advertising

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

01/28/2009

Payee name

Office Depot

Amount  
(\$)

\$61.60

Payee address; City; State; Zip Code

3713 Colony Drive  
San Antonio, TX 78230

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

02/23/2009

Payee name

Office Max

Amount  
(\$)

\$75.98

Payee address; City; State; Zip Code

8266 Agora Pwy  
Selma, TX 78154

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date

03/09/2009

Payee name

Paesanos Ristorante

Amount  
(\$)

\$84.25

Payee address; City; State; Zip Code

555 East Basse, Suite 100  
San Antonio, TX 78209

Purpose of payment (See instructions regarding type of information required.)

F &amp; B/Meeting w/Council Candidate (Elisa Chan &amp; Dave Corbitt)

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 6/9 Report: 20/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date  
  
02/17/2009**5** Payee name  
Panchitos  
  
**6** Payee address; City; State; Zip Code  
4118 Jones Maltsberger  
San Antonio, TN 78209**7** Amount  
(\$)  
  
\$104.32**8** Purpose of payment (See instructions regarding type of information required.)  
F & B/Meeting with all Constables(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:**Date**  
  
02/04/2009**Payee name**  
Paul Elizondo Campaign  
  
**Payee address; City; State; Zip Code**  
3415 West Woodlawn  
San Antonio, TX 78228**Amount**  
(\$)  
  
\$200.00**Purpose of payment** (See instructions regarding type of information required.)  
Campaign Contribution(If travel outside of Texas, complete Schedule T) ☐**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:Office sought:  
Office held:**Date**  
  
06/19/2009**Payee name**  
San Antonio Fire Fighters Banquet Hall  
  
**Payee address; City; State; Zip Code**  
8925 West IH 10 West  
San Antonio, TX 78230**Amount**  
(\$)  
  
\$500.00**Purpose of payment** (See instructions regarding type of information required.)  
Deposit on Rental of Hall for Texas Hold'em Tournament on 10/22/09(If travel outside of Texas, complete Schedule T) ☐**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:Office sought:  
Office held:**Date**  
  
04/28/2009**Payee name**  
Silverhorn Golf Course  
  
**Payee address; City; State; Zip Code**  
1100 West Bitters Road  
San Antonio, TX 78216**Amount**  
(\$)  
  
\$3,842.50**Purpose of payment** (See instructions regarding type of information required.)  
Golf Tournament Fees(If travel outside of Texas, complete Schedule T) ☐**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 7/9 Report: 21/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

01/01/2009

**5** Payee name

St. Lukes Catholic Church

**7**Amount  
(\$)

\$40.00

**6** Payee address; City; State; Zip Code4603 Manitou Drive  
San Antonio, TX 78228**8** Purpose of payment (See instructions regarding type of information required.)

Donation for Providing Prayers for Swearing In Ceremony

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

02/23/2009

Payee name

Tommy Moore's Cafe

Amount  
(\$)

\$18.14

Payee address; City; State; Zip Code

915 South Hackberry  
San Antonio, TX 78210

Purpose of payment (See instructions regarding type of information required.)

F &amp; B/Golf Tournament Meeting w/Victor Perez

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

01/02/2009

Payee name

Toudouze Market

Amount  
(\$)

\$64.15

Payee address; City; State; Zip Code

800 Buena Vista  
San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)

Supplies - Forks, Spoons, Knives for Swearing In Ceremony

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

04/28/2009

Payee name

U S Hole In One

Amount  
(\$)

\$400.00

Payee address; City; State; Zip Code

234 South Bryn Mawr Avenue  
Bryn Mawr, PA 19010-2133

Purpose of payment (See instructions regarding type of information required.)

Reimbursed Jerrome Payne for Insurance for Hole in One  
Coverage that he paid for w/credit card(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 8/9 Report: 22/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date  
  
05/20/2009**5** Payee name  
U S Postal Service**6** Payee address; City; State; Zip Code  
Arsenal Station  
San Antonio, TX 78204-9998**7** Amount  
(\$)  
  
\$56.00**8** Purpose of payment (See instructions regarding type of information required.)  
1 Year P O Box Rental**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:**Date**  
  
01/05/2009**Payee name**  
Wachovia Bank**Payee address; City; State; Zip Code**  
7550 I H 10 West, #150  
San Antonio, TX 78229**Amount**  
(\$)  
  
\$15.95**Purpose of payment** (See instructions regarding type of information required.)  
Bank Service Fees**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:**Date**  
  
02/03/2009**Payee name**  
Wachovia Bank**Payee address; City; State; Zip Code**  
7550 I H 10 West, #150  
San Antonio, TX 78229**Amount**  
(\$)  
  
\$15.95**Purpose of payment** (See instructions regarding type of information required.)  
Bank Service Fees**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:**Date**  
  
03/11/2009**Payee name**  
Wachovia Bank**Payee address; City; State; Zip Code**  
7550 I H 10 West, #150  
San Antonio, TX 78229**Amount**  
(\$)  
  
\$15.95**Purpose of payment** (See instructions regarding type of information required.)  
Bank Service Fees**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 9/9 Report: 23/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

04/03/2009

**5** Payee name

Wachovia Bank

**7**Amount  
(\$)

\$15.95

**6** Payee address; City; State; Zip Code7550 I H 10 West, #150  
San Antonio, TX 78229**8** Purpose of payment (See instructions regarding type of information required.)

Bank Service Fees

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

05/04/2009

Payee name

Wachovia Bank

Amount  
(\$)

\$15.95

Payee address; City; State; Zip Code

7550 I H 10 West, #150  
San Antonio, TX 78229

Purpose of payment (See instructions regarding type of information required.)

Bank Service Fees

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

06/30/2009

Payee name

Wachovia Bank

Amount  
(\$)

\$15.95

Payee address; City; State; Zip Code

7550 I H 10 West, #150  
San Antonio, TX 78229

Purpose of payment (See instructions regarding type of information required.)

Bank Service Fees

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

06/22/2009

Payee name

West San Antonio Chamber of Commerce

Amount  
(\$)

\$175.00

Payee address; City; State; Zip Code

314 El Paso  
San Antonio, TX 78207

Purpose of payment (See instructions regarding type of information required.)

Membership/Professional Organization

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/1 Report: 24/24**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

01/26/2009

**5** Payor name  
Time Warner San Antonio**6** Payor address; City; State; Zip Code  
P O Box 460849  
San Antonio, TX 78246**7** Reason for credit  
Refund from advertising on TV - Warner Cable**8** Amount  
(\$)

\$1,537.10